DOCUMENT RESUME

ED 112 301 CG 010 074

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TITLE Changing Conceptions of Nonprofessionals.
PUB DATE 14 May 75
NOTE 12p.; Paper presented at the Annual Forum of the National Council on Social Welfare (102nd, San Francisco, California, May 14, 1975); For related document, see CG 010075

EDRS PRICE MF-$0.76 HC-$1.58 Plus Postage
DESCRIPTORS *Helping Relationship; *Individual Characteristics; *Nonprofessional Personnel; Speeches; State of the Art Reviews; *Task Analysis; Therapeutic Environment; *Therapy

ABSTRACT

The authors distinguish between the therapeutically-oriented and the socializationally-oriented nonprofessionals, and maintain that both are valuable in a comprehensive program and neither one is uniquely effective. Hence, task assignments should represent the differing orientations as should training programs. A realistic conception of the types of nonprofessionals and the contributions they can make will lead to more effective utilization of these people. (Author/HMV)

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CHANGING CONCEPTIONS OF NONPROFESSIONALS

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Presented at the
102nd Annual Forum
May 14, 1975

National Conference On
Social Welfare
San Francisco, California

CG 010 024

Some time ago, skeptical of the exaggerated claims made for nonprofessionals, we undertook an empirical study to challenge the more grandiose elements of the conception. Our challenge, in terms of this study was largely successful. However, subsequent experience has caused us to revise our earlier conclusions and has led to a more balanced and realistic appraisal of the value of different kinds of nonprofessionals. The development and refinement of our thinking occurred as follows:

In the early and mid-sixties the literature was saturated with exaggerated claims for the unique effectiveness of the nonprofessional.[1] According to this view a set of life experiences similar to those of his clients enabled the nonprofessional to be most effective. Governed less by professional strictures and more by the felt closeness with clients, the nonprofessional was viewed as uniquely qualified to impart his own repetoire of coping skills. Operating in an unencumbered and spontanious way he could ultimately do more for the client. The community, with both its limitations and its opportunity, was to be the facilitative context of the helping relationship. And lastly, this mythical nonprofessional was to remain unaffected by the prevailing bureaucratic ethic of getting ahead. Hence, his dedication to the client would not be diluted by competing interests or general self-aggrandizement.

This view of the uniquely effective nonprofessional, overdrawn here to make the point, seemed hopelessly unrealistic. What was worse, it invoked serious negative consequences if fears of contamination were to be used as justification for

keeping the nonprofessional separate from potential role models.

Controversy presented itself in the form of a competing conception defining the functions of the nonprofessional in a way that paralleled the professional. Therapeutic ability was viewed not as the exclusive province of either the professional or nonprofessional, but existed somewhat independently and could be drawn upon by both groups. Evidence from the studies of Rioch, et. al., and others who employed nonprofessionals in suicide prevention centers indicated that selected nonprofessionals could replace and substitute for their professional counterparts.[2] Their status seemed to be one of associate to the professional; and we adopted this term to distinguish the associate conception from that of the unique nonprofessional.[3]

Faced with two competing views we became concerned that affirmation of either one led to quite different consequences for the patterning of relations between the professionals and nonprofessionals. It invoked as well a host of considerations about the substantive issues of selection, task assignment, training and supervision of nonprofessionals. Our thinking favoured the view that therapeutic ability was largely independent of status, professional or nonprofessional. In our experience, numerous aspects and combinations of one's own endownment, life experiences and therapeutic training were associated with superior helping skills. No one component was sufficient to guarantee therapeutic effectiveness.

The challenge presented to these competing conceptions of nonprofessionals was to conduct a survey of fifty-five volunteer

nonprofessionals in a telephone and crisis centre. By their response to the survey instrument, approximately one half of the group identified themselves as unique caregivers, while the other group referred to themselves as associates to the professional. Our working hypothesis was that if the groups were truly distinct they should show patterned differences in four broad areas: a) background characteristics, b) motivation and expectations, c) patterns of participation in the organization, and d) tenure and satisfaction in the volunteer role. The overwhelming finding was that there were no statistically significant differences between the two groups in terms of these measures. Although acceptance of the null hypothesis of no differences was consistent with our view of the exaggerated claims and grandiose conception of the unique nonprofessional, caution was still in order. One study is rarely sufficient to confirm even a modest theory, especially when one considers the limitations imposed by the small homogenious sample, and the volunteer status of the nonprofessionals. During this period most of the nonprofessionals were upper middle class women assigned to a fairly narrow range of service programs.

Later Observations and Revised Conceptions of the Nonprofessional:

Subsequent events as often happens have caused us to reconsider our earlier conclusions. Chief among these influences has been Vanek's first hand experience with a comprehensive volunteer program. We have now accumulated experience with approximately one hundred and fifty nonprofessionals in ten diverse mental

health programs. The observations which have been made in this expanded period have led us to revise our earlier conclusion. There does indeed seem to be different types of nonprofessionals who perform distinctive programatic functions, utilizing their own personal styles. Although we can distinguish at least two distinct types, we do not claim for them the same unrealistic powers which would make this reminiscent of the literature of the early sixties. Instead, the differences are acknowledged in order to probe their implications in terms of the selection, task assignment, training and supervision of nonprofessionals.

Our earlier comments about the nonprofessional in therapeutically oriented settings such as child treatment clinics, crisis centres and outpatient services needs little revision. The existence of a therapeutically oriented nonprofessional, closely associated with the professional has been confirmed in subsequent observation. This nonprofessional can be valued for what he is: often a highly skilled quasi staff person who can be both an inspiration and a challenge to the professional staff. Often these are educated and sophisticated women from a more affluent class than the clients they serve.[5] Their motivation is self as well as client oriented. Some of them may be in graduate school, and a number of them are consciously using the nonprofessional experiences as a testing ground for making a choice about a more permanent career. Success among these women seems to be linked to their facility in adopting the standard and style of the professional. For a nonprofessional of this orientation it would be a disaster to exclude the

professionsl from the processes of selection, training and supervision.

However, a substantial resource would be overlooked if the psychotherapeutically oriented nonprofessional was viewed as the exclusive and ideal role model. Our recent experience indicates that quite a different type of nonprofessional may be successful in other program units of the same agency. These other nonprofessionals function most effectively in such programs as community residences, leisure time centers; drop-in programs or in settings where action and outreach tasks need to be performed. They can work comfortably with people ordinarily considered deviant or disturbing. In a sense the situation is one in which nonprofessionals somewhat marginal to the dominant community identify with and are effective in helping a marginal clientele.[6] The nonprofessionals in this loosely bounded category are often older (in their 50's and 60's) and have overcome problems of illness, family disruption, unemployment or personal handicap. Their acceptable mastery of life's problems is a decided asset when dealing with clients with similar limitations. The nonprofessional experience is not undertaken as a step toward further academic training. Their motivation for volunteering seems to center around a need to demonstrate an ability to cope with both their problems and the community system. They also tend to have a healthy sense of realism and they are less apt to be burdened by fantasies of rescuing clients.

A curious parallel can be found among the professionals themselves in these settings. They attach less value to

professionalization and appear somewhat marginal to the larger professional groups which would ordinarily constitute their reference group. Like the nonprofessionals they are less committed to conventional patterns of professional activity and communication. Their principal intervention is in the form of action to socialize their clients rather than provide psychotherapy. Not surprisingly then, the socialization oriented nonprofessional is singularly effective in this setting. For the nonprofessional whose major interest is intensive counselling, such an experience is likely to be ill-defined upsetting and lacking in satisfaction.

Conclusions and Recommendations:

The literature since the early 60's has become more realistic about the orientations and potential contributions of different types of nonprofessionals. The psychotherapeutically oriented nonprofessional described above shares many characteristics with the "semiprofessional" identified by Levinson and Schiller; together they are similar to the "striver" identified in Kramer's study.[7] Likewise the socialization oriented nonprofessional parallels what these authors have described respectively as the "paraprofessional" and the "hometowner". At the risk of adding to an already confused literature, we believe a more fundamental dimension has been identified in the difference between the therapeutically oriented, and the socialization oriented nonprofessional. However, rather than viewing them as discrete types, they are better understood as opposite ends of a continuum with the probability that a variety of mixed types will be found

in between.

Both types of nonprofessionals are valuable in a comprehensive program and neither one of them is uniquely effective. However, the statement becomes significant in a practical way only when it is understood in the context of the interaction between the type of program and the type of nonprofessional. Too little attention has been given to the idea that a conceptualization of different types of nonprofessionals is meaningful only when it is considered in conjunction with the different organizational contexts which will support and facilitate their distinct styles.

The socialization oriented nonprofessional is likely to function best when he becomes concretely involved in the housing, vocational and leisure time needs and interests of the client.. The therapeutically oriented nonprofessional will work best in an environment that assigns importance to discussion and clarification of feelings as a means to solve problems. In either case, and in contrast to the recommendations of Hardcastle,[8] nonprofessionals should be integrated into the professional structure of the agency, but in a way that is compatible with their value orientation.

Our conceptualization makes sense only if the task assignments truly represent the differing orientation of the nonprofessional. It further requires that each type be valued for the particular contribution it can make, and that the training program reflect these differences. Training for one will obviously emphasize concrete ways to be helpful, with provisions

made for the nonprofessional to enhance his characteristic style.[9] Since the newest team member will be most likely to adopt a role model closest to that of the training staff,[10] the appropriate trainer in this case is either a professional or nonprofessional of similar orientation. Training for the therapeutically oriented group will need to recognize their strong interest in the counselling role, thus relying heavily on communication skills and oral expression. A secondary goal of such training would be to increase the nonprofessional's ability to make decisions and to function effectively with a mimimum of assistance. Similarly supervision in one case should perhaps be a work oriented collaborative relationship between the supervisor and the nonprofessional, whereas in the other, the primary form will rely heavily on the discussion which takes place in formal supervisory sessions.

Our earlier view of the nonprofessional has undergone considerable refinement as a result of empirical study and subsequent observation. What has emerged, in our view, is a more realistic conception of the types of nonprofessionals and the contributions they can make. Utilization of this conception should lead to assignment of nonprofessionals to program units which maximize the potential contribution associated with their individual characteristics and work styles.

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